DOCUMENT RESUME

ED 061 662 EC 041 661

AUTHOR	Roberts, Paquita
TITLE	Staff Training in an Inner City Setting. Volume II, Number 7.
INSTITUTION	Texas Univ., Austin. Dept. of Special Education.
SPONS AGENCY	Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
PUB DATE	[71]
GRANT	OEG-0-70-4815(603)
NOTE	17p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	*Aurally Handicapped; *Child Development Centers; *Exceptional Child Services; Preschool Children; *Staff Orientation; *Urban Environment

ABSTRACT

Described is the staff training program at an early childhood diagnostic and training center for aurally handicapped children in an inner city setting. Focused upon is the community training in which a new staff member learns about the life style in inner city neighborhoods before beginning to work with parents or children. A community knowledge inventory form is included. Also summarized are the eight phases of the center's parent training and participation program. (KW)

ED 061662

FUNDED BY: THE BUREAU OF EDUCATION FOR THE HANDICAPPED, UNITED STATES OFFICE OF EDUCATION

EC 041 661E

EARLY CHILDHOOD EDUCATION FOR HANDICAPPED CHILDREN

THE DEPARTMENT OF SPECIAL EDUCATION
THE UNIVERSITY OF TEXAS AT AUSTIN

STAFF TRAINING

A PROTOTYPE

A PUBLICATION OF:
Staff Training of Exemplary Early Childhood Education Centers for Handicapped Children

Funded by a grant from the Bureau of Education for the Handicapped, U.S.O.E.
PROJECT NUMBER OEG-0-70-4815(603)

THE UNIVERSITY OF TEXAS AT AUSTIN

Program for Staff Training of Exemplary Early Childhood Centers

for Handicapped Children

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P R E S E N T S

THE STAFF TRAINING PROTOTYPE SERIES

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STAFF TRAINING IN AN INNER CITY SETTING

by

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Vol.II No.7

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The project presented or reported herein was performed pursuant to a Grant from the U. S. Office of Education, Department of Health Education, and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of the U. S. Office of Education, and no official endorsement by the U. S. Office of Education should be inferred.

MOUNT CARMEL GUILD HEARING AND SPEECH DIAGNOSTIC CENTER

PRE-SCHOOL DEPARTMENT

The interview, if skillfully handled, can tell the employer a lot about the prospective employee. Applicants are questioned in depth regarding their feelings toward inner city families. Hypothetical situations are created at the time of the interview to try and evaluate how the future staff member will handle such situations. If the candidate seems positive, he is given a copy of the Proposal to study carefully, upon his return for the second interview the innovative notions are again explained, before the contract is signed.

Community Training

Every staff member is required to spend two weeks in the community before working with parents or children. This two-week period is to get a general idea of the life style in inner-city neighborhoods. They are required to learn specific material such as the cost of bread, shoes and the fee to rent a three-room apartment. It shows the staff the most crucial thing in an inner-city family's life is NOT THE DEAF CHILD, but his fight for day-by-day survival. They realize the reason for the high crime rate and no longer say, "Those parents don't come to parent meetings because they are not interested in their child." The staff, however, begins to understand: 1.) The parents cannot afford cab fare. 2.) They cannot afford a baby sitter. 3.) They are afraid to take public transportation. These are the things that cannot be learned in a center. One must go into the inner-city to learn them. The staff

must learn early that strangers are not welcomed in inner-city neighborhoods.

Long before they go into that neighborhood to perform a home visitation to a student of the preschool, the staff discovers that Mrs. Jones is not going to open her door and if you call her on the phone, she will tell you, "You have the wrong number." Rather than have a staff member become bewildered she is taught all the reasons for Mrs. Jones' actions.

In order to acquaint the staff member with the reason for Mrs. Jones' actions, she is sent on the same journey that Mrs. Jones takes in search of service for her child.

Stop I The welfare office for aid to dependent children where the case worker gives the impression that the money is coming directly from her wallet.

Stop II The neighborhood grocer, whose items are over priced and to whom Mrs. Jones already owes the check she has not yet received.

Stop III The medical clinic. She observes a mother arriving at 9 A.M. and after signing, signing and repeating the same story is finally served at 3 P.M. On and on the trail goes.

The staff member is almost prepared for the first home visit and to do some of the inner-city canvassing to identify hearing impaired

children.

This is partiallv how she spends her first two weeks on the job. Since our project leans heavily on teaching children the language of their environment, the staff member during the two week period becomes attuned to language samples. The collection of language samples continue on a weekly basis. (They are analyzed and incorporated into the teachers' lesson plans.) At least one and a half days a week are reserved for inner city activities.

The inservice training that takes place in the Center is more formal than the community training. One or more of the following may occur: workshops, teacher technique demonstrations, role playing, guest lecturers, visiting day care centers for normal children in the inner city and observing the curriculum closely.

The community phase of staff training is an on-going process. The language samples previously collected are analyzed in the Center by a linguistic specialist from the Center for Applied Linguistics in Washington and incorporated into the teachers' lesson plans.

When a new child is accepted in the program, his teacher visits him at home before his first day in school. Her visits serve two functions: 1.) To put the parent and the child at ease and informally begin parent training and 2.) to record the langauge pattern of the family.

Volunteers

There are eight volunteers working with this program and they are trained in three basic areas. Language problems of the hearing impaired child. The relationship between the volunteer and the family. Child care and classroom procedures. Twice a month volunteers go through an observation period after they have had several informal discussions with various staff members re. the overall program purpose. After the observation period, they move into the classroom to assist under the teachers' direction. (I may note that most of our volunteers are over 60.)

Interns

Two graduate interns who are early childhood and special education majors, one psychological intern (part-time), and two sociological interns are part of our staff. Before the interns are allowed to work with the children or parents, they are required to observe for a two-week period. During that two-week period, they are expected to accompany a staff member to an inner-city home. The length of internship varies, however. One afternoon a week is reserved for in-service training for interns usually with a staff trainer or a member of the teaching staff.

Community Training

The entire staff participates in this phase of training. Some Centers may call this dissemination, but we call it community train-

ing because we are not announcing a program but are actually explaining the things to look for in a deaf child. Procedures to follow when it is suspected that a child does not hear. This training occurs at: 1.) Baby-keep-well stations, 2.) public health nurses, 3.) pediatric clinics, 4.) community action groups, 5.) religious groups, 6.) model city urban agents, 7.) housing project tenant associations.

Adivsory Board

The advisory board consists of thirteen parents, six professionals, two Mount Carmel Guild administrators. Some of our board members have served on previous boards but the function of this board is somewhat different. The objective of the board is multi-purposed. 1.) To advise and support but before they can do this, they must observe the children. 2.) The program is placed on a chart so they can understand the overall purpose.

Community Knowledge Inventory

1. What is the population of Newark?_____

2. What percentage of the population is low-income?_____

3. What is the average income of the low-income worker?_____

4. What is the average rent for a four-room apartment?_____

5. Name at least five of the following:

Health Community Resources	Address	Director
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Social Community Resources	Address	Director
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Name at least three housing projects in the inner-city.

_____

_____

_____

7. List at least three preschool and/or day care centers.

_____

_____

_____

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8. List two special schools for children under 16. Include the name of the principal, social worker and school nurse.

Name	Principal	So. Worker	Sch. Nurse

9. How much does a 1 lb. loaf of bread cost in the inner city?_____
How much does a 1 lb. loaf of bread cost in the suburbs?_____

10. How much does a pair of saddle oxfords infant size cost in an inner-city store?_____
How much would the same pair of shoes cost in a store in the suburbs?_____

11. What is the cab fare from Bergen and West Market Streets to the Mount Carmel Guild?_____

12. What is the bus fare from the same location?_____
How many buses would you need to take from that location to the Mount Carmel Guild?_____
What is the bus fare from that location to the Mount Carmel Guild?
_____

13. What training facilities are available to teach adults a skill in preparation for a higher paying job? List two.

_____

_____

14. Name a rehabilitation center in Newark._____

15. List the well known supermarket stores located in the inner-city.
_____

_____

_____

16. How does the city of Newark rank with other cities in the State in crime statistics?_____

17. Who is the mayor of Newark?_____

18. Who is the deputy mayor of Newark?_____

19. What percentage of the city population is registered voters?_____

20. What is the rate inner-city parents mustpay for baby sitting?
day_____, evening_____

21. Match the following: Newark hospitals and their outstanding specialty.

1. Beth Israel _____	1. Orthopedic
2. Crippled Children _____	2. Cardiology
3. Presbyterian _____	3. Cancer
4. St. Michael _____	4. Teaching
5. Martland _____	5. Urology

22. Are there agencies that offer welfare mothers courses in a.) home management, b.) food buying, c.) fundamentals of hygenic living.

23. What are some of the occupations of the inner-city workers, name two.
_____ _____

24. How does a family apply for welfare?

25. Where would an inner-city parent take a sick child if they did not have the money to pay a doctor?

26. How would a resident of the inner-city get legal aid?

27. Name the narcotic rehabilitation centers located in Newark.

28. Where is City Hall located?

29. Where do you go for a test for veneral disease?

30. What kind of facilities are available to help handicapped children.

31. What is the B.C.S.

32. If a child needs diet counseling where would his parents go if the family is on welfare?_____
If they are not on welfare?_____

33. Are there any housing projects have rent strikes?_____
Name them_____

_____

Eight Phase Parent Training Program

The parent training and participation program has basically eight phases which are spread out over an eight-week period.

Phase I. The parents observe their children and the program through a one-way mirror which enables them to study classroom activity, procedures and teacher management of the child. If difficulties should arise during the instruction of the child by the teacher, the parents are called into the classroom periodically to work either with the teacher or to reassure the child, particularly in the cases of separation anxiety. Inasmuch as the fathers work during the week, it is mostly the mothers who attend these daily sessions. However, to insure the fathers' participation in the program, weekend training sessions are set up, in which the same participation expected of the mothers is also expected of the fathers. The fathers are expected to observe through the mirrors in the same way as the mothers, so that the fathers will have the opportunity to discuss circumstances and situations the mother has been observing during the week. This enables father and mother to have a common basis for communication about what is happening to their child and what is going on in the program.

Phase II. Having completed a period of observation, the parent is now prepared to move into the classroom and observe in the presence of the teacher and the children. Even though the parents have a passive role in this phase of the training program,

there are periods when interaction between parent and teacher as well as parent and child does take place.

Phase III. In this phase the parent actually participates in the lesson that the teacher prepared. Prior to such participation, however, the parent works closely with the teacher in order that her responsibilities (the parents' responsibilities) can be clearly outlined and a description of her role underscored.) Her participation might be limited to simple little things like holding up an object when the teacher asks her to do so.

Phase IV. In this phase the parent actually conducts a lesson along with the teacher. Adequate pedagogical preparation of the parent first takes place. The parent is instructed not only in how to use what ever materials will be required in the lesson, but also shown exactly how it should be presented.

Phase V. In this phase the parent conducts the entire lesson on her own. (It is called the parent "solo".) The "solo" lesson has been well prepared by the teacher in conjunction with the parent. It is a short ten minute lesson that is presented twice during this phase. As the parent conducts the lesson, the teacher assumes a passive background role. On completion of the instructions, the teacher comments on the parent's approach to her responsibility.

Phase VI. In this phase the limited lesson that was previously given by the parent with the teacher observing is now gradually expanded from ten minutes up to thirty minutes and may be presented as many as four times during this phase. During this extended "solo" the teacher is absent from the classroom and observes the parent through the one-way mirror.

Phase VII. Each parent's presentation is evaluated by the teacher, the teacher aide, staff training coordinator, and the Project evaluator. After these evaluations, the staff sits down with each parent and discusses the outcome. Suggestions are given to each parent on the basis of individual need. Along with constructive criticism, there is strong emotional support because the basic philosophy of the program is that the parents are the natural teachers of the children and must continue in the home the pedagogical programs begun in the Diagnostic Center. This phase of the program is very important so that there will be carryover into the home of what is done at the Center.

Phase VIII. The final phase is in reality an ongoing training phase. The sessions are conducted by the staff in the following areas:

1. A weekly group counseling session.
2. A monthly group parent meeting with an educational speaker.

3. Monthly group meeting with children's teachers.
4. Individual counseling, daily if needed.
5. Daily parent teaching in the classroom.
6. Video taping - before and after.
7. Audiological orientation.
8. Child management relating to the home.
9. Home visits: techniques in parent structuring in relationship to the environment.
10. Quarterly progress conferences with the staff.
11. Techniques used to build fine-motor coordination.
12. Suggestions to the parents for the purchase of adequate educational materials to be used in the home.
13. Visits to other educational agencies dealing with the problem of deafness.
14. Assistance in future educational placement for their children.

Inasmuch as tutoring sessions are as much an integral part of the training of the child as classroom activities, each parent is required to participate in these tutoring sessions and follow the same procedures as were outlined above.

The above parent activity strengthens the development of the child's educational process. However, the parents have also been involved in another activity which directly relates to dissemination. The parents have been organized into a "lobby" for the

purpose of bringing pressure to bear or exerting influence in the State Capitol to insure replication of this model in other cities of the State. Parents have already begun to make contacts with assemblymen and State senators and officials in State government. It is expected that with the galvanizing of the parents into an effective lobbying instrument and marshalling of resources of the community which is interested in this Project that legislation will be forthcoming that will establish similar models in the urban areas throughout the State.